

Miranda's picture

I am grateful that Miranda agreed to share this picture, and with all of you. She's a brave person. and I'm honored to work with her. So thank you Miranda.

Miranda's story:

"He was with us for some time due to placement. One night I was working...with him, all was going pretty okay until he assaulted a nurse and I. The nurse went in to give this patient medication and as she was opening the meds, he reached out and punched the nurse in the head. Then he scratched her neck drawing blood... I stepped in between them to try to calm him and he punched me in the face/eye area 3 times. A code green was called but we both managed to get back into the nursing station before help arrived. It all took a total of maybe 3 minutes... It was all so unpredictable and it happened so fast."

These stories abound: it's hard to keep track and there are many I could tell. Just this past week...a patient reached across and struck our triage nurse fully in the face, without warning, lacerating the bridge of her nose – a patient who remains in our ED still, this morning, 7 days later.

Over the years our hospital has tried a lot...building an emergency holding area, sheathing our triage area in bulletproof glass, increasing security, partnering with law enforcement, specialized training in de-escalation, the management of violence, and trauma-informed care. Still, assaults at CVMC tripled from 25 in 2016 (already bad) to 76 in 2020. 64 in 2022. And we know for a fact that these are likely low numbers, because these events are significantly underreported, particularly the minor events – bites, scratches, shoves, grabbing - and the verbal assault, threats, or abominably crude, sexist or racist language, which almost never gets reported and is so frequent as to be an almost daily phenomenon.

Shortly after I took this job two years ago I asked for stories and quotes about what was happening. There were plenty of graphic stories of violence, but rather than list them all I wanted to instead share some of what it feels like, for our staff – who, by the way, continue show up, every day, for their community, despite all of this craziness. One nurse told me, "We are skilled at many things including all types of critical care spanning the entire lifespan...I consider myself to be very competent in Emergency Nursing, and the level of violence in the ER is the one factor that would cause me to leave ER nursing for good, after 24 years in the field"

Others:

- "I hate living in fear"
- "I dread coming in to work"
- "eats away at your compassion and ability to withstand all the other stressors"
- "I don't understand why we aren't more valued"

We are fiercely proud of our obligation to the vulnerable – it's the reason many of us go into emergency medicine. There are no other places in our culture anymore that are available to anyone, 24/7. We have a professional and moral obligation to assess for and stabilize emergency conditions,

and we are committed to that. But we can no longer be expected to longitudinally care for violent patients for days and weeks at a time after their emergency evaluation, even if they are struggling with mental illness. We need a way to have violent patients removed to a safe location. Our people – who continue to be there for all of us in our darkest and most frightening hours – desperately need your help - immediate reform that can only come from this body, and state leadership.

No single law will fix this. This bill can only be a small part of what we do. but it's an essential forward step.

Thank you

In the past year we've had a nurse punched in the gut, midday, in the hallway of the ED. A young EMT, only 20 yrs old, pulling up her sleeve just the other day to show me the scars on her arm – likely permanent. Another nurse kicked in the face as she bent over to retrieve something from the floor, suffering a broken nose and a concussion. And

Some of this language is graphic, but I think it's important for you to get an understanding of the granular realities of what our people are dealing with.

- “I personally have been struck, spat at, threatened, shoved, bitten, and splashed with urine and feces, all within the first four months of 2021”
- “How about a 5 foot 2 doctor clinging to the knee of a 300 pound 6 ft 6 man who decided one of our nurses had to die”
- “During this ordeal, I noticed a mother holding her hands over her child's ear so they wouldn't hear this profanity”
- “[The patient] screamed at [the little boy] that he needed to have his penis cut off. The child instantly started sobbing and became too terrified to move. The father had to pick the child up and remove him from the department to get him to calm down”
- “The physical harms to staff (bites, punches, slaps etc). The sexual harassment. The daily moral injury and emotional drain”
- “Pt put their hands on this Tech and proceeded to punch this tech in the left temple”
- “I was ignorant of what took place in the ED before I worked here. If anyone would have told me, I would have tended to think that they were exaggerating”
- “it is no wonder why nearly half of our nursing staff resign or transfer within two years”
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